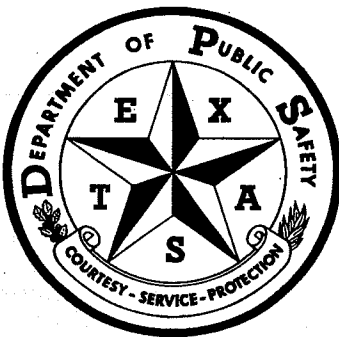
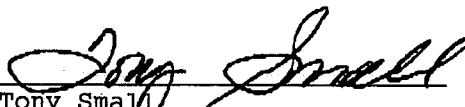


STATE OF TEXAS §

This is to certify that I, Tony Small, am employed by the Texas Department of Public Safety; that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Crash Records Bureau referred to in the attached request with the crash date of 12/10/04 which occurred in Nueces Co.; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

In Testimony Whereof, I hereunto set my hand and affix the Seal of the Department of Public Safety of the State of Texas. Done at my office, in the City of Austin, this 18th day of October, 2005.




Tony Small
Custodian of Crash Records

PLACE WHERE ACCIDENT OCCURRED
COUNTY NUECES CITY OR TOWN CORPUS CHRISTI
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE FROM NEAREST TOWN 17802 **FATAL** **DEC 21 2004**

ROAD ON WHICH ACCIDENT OCCURRED
BLOCK NUMBER 6700 STREET OR ROAD NAME PINTAIL DRIVE ROUTE NUMBER OR STREET CODE 30
INTERSECTING STREET
OR RR X'ING NUMBER 101 STREET OR ROAD NAME BALDPATE DRIVE ROUTE NUMBER OR STREET CODE
NOT AT INTERSECTION 101 ☒ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

DATE OF ACCIDENT DECEMBER 10, 2004 DAY OF WEEK FRIDAY HOUR 6:22 AM ☒ A.M. - IF EXACTLY NOON ☐ P.M. OR MIDNIGHT, SO STATE.

LOC. NO. 0409875
DO NOT WRITE IN THIS SPACE
DPS NO. 500
LOC. 500
CODE JK
SEVERITY 1
TYPE
FAT. REC.
DR. REC.

UNIT NO. 1 - MOTOR VEHICLE 4KNN VEH IDENT NO 1B4HR48N82F104989 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL 2002 COLOR & MAKE BLUE DODGE MODEL NAME DURANGO BODY STYLE 4 DOOR LICENSE PLATE 2005 TX N90SSG
DRIVER'S NAME ADDRESS (STREET, CITY, STATE, ZIP)
DRIVER'S LICENSE DOB RACE SEX OCCUPATION TEACHER
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG RESULT PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☒ VETTERS, SHARON STOCKTON 6714 PINTAIL CORPUS CHRISTI TEXAS 78413
NAME (ALWAYS SHOW, LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY INSURANCE YES ☒ NO ☐ USAA 004720980M71021 VEHICLE DAMAGE RATING N/A
INSURANCE COMPANY NAME POLICY NUMBER

UNIT NO. 2 MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐
TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL COLOR & MAKE MODEL NAME BODY STYLE LICENSE PLATE
DRIVER'S NAME ADDRESS (STREET, CITY, STATE, ZIP)
DRIVER'S LICENSE DOB RACE SEX OCCUPATION
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG RESULT PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☐
NAME (ALWAYS SHOW, LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY INSURANCE YES ☐ NO ☐ VEHICLE DAMAGE RATING
INSURANCE COMPANY NAME POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES
NONE
OBJECT NAME AND ADDRESS OF OWNER FEET FROM CURB DAMAGE ESTIMATE

LIGHT CONDITION 4 WEATHER 1 SURFACE 1 TYPE ROAD 1
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK
1-CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST
6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER
1-DRY 2-WET 3-MUDDY 4-SNOW/ICY 5-OTHER
1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
DEC 15 '04 PM 4:5

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
NAME NONE CHARGE
NAME CHARGE
CITATION NUMBER
CITATION NUMBER

TIME NOTIFIED OF ACCIDENT 12/10/04 6:42 AM HOW TELEPHONE TIME ARRIVED AT SCENE OF ACCIDENT 12/10/04 7:30 AM
TYPED OR PRINTED NAME OF INVESTIGATOR M. PENNA DATE REPORT MADE 12/10/04 IS REPORT COMPLETE? YES ☒ NO ☐
SIGNATURE OF INVESTIGATOR ID. NO. 0535 DEPARTMENT CCPD DIST. / AREA

COPY
FROM CUSTODIAL FILE

44900

| SOLICITATION (SOL) | | EJECTED | CODE FOR TYPE RESTRAINT USED | AIRBAG CODE | HELMET USE | CODE FOR INJURY SEVERITY | ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE) | |
|--|--|---|---|---|--|---|---|--|
| INDICATES PERSONS DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - O.K. TO SOLICIT N - NO SOLICIT | | A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN | A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE | Y - DEPLOYMENT N - NO DEPLOYMENT U - UNK F DEPLOYED | 1 - WORK DAMAGED 2 - WORK NOT DAMAGED 3 - WORK UNK F DAMAGED 4 - NOT WORK 5 - UNKNOWN F WORK | K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED | 1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED | |

| | | |
|--------------------------|--|--|
| UNIT NO. 1 | TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | VEHICLE REMOVED TO BY 3918 BRATTON AMEYS TOWING |
| DAMAGE RATING N/A | | |

| ITEM NO. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. | NAME (LAST NAME FIRST) | ADDRESS | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|---------------------|--|------------------------|---------|-----|---------|---------------------|--------|--------|-----|-----|-------------|
| 1 | DRIVER | SEE FRONT | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |


| | | |
|-------------------|--|-----------------------|
| UNIT NO. 2 | TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | VEHICLE REMOVED TO BY |
| DAMAGE RATING | | |

| ITEM NO. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. | NAME (LAST NAME FIRST) | ADDRESS | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|---------------------|--|------------------------|---------|-----|---------|---------------------|--------|--------|-----|-----|-------------|
| 6 | DRIVER | SEE FRONT | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

| ITEM NO. | PEDESTRIAN PEDALCYCLIST ETC. | COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE | CASUALTY NAME (LAST NAME FIRST) | CASUALTY ADDRESS (STREET, CITY, STATE, ZIP) | SOL | TYPE SPECIMEN TAKEN | RESULT | HELMET | AGE | SEX | INJURY CODE |
|----------|------------------------------|--|---------------------------------|---|-----|---------------------|--------|--------|-----|-----|-------------|
| 11 | PEDESTRIAN | VETTERS, SHARON STOCKTON 6714 PINTAIL CORPUS CHRISTI TEXAS 78413 | | | N | 4 | N | 4 | 58 | F | K |
| 12 | | | | | | | | | | | |

| DISPOSITION OF KILLED OR INJURED | | | | IF AMBULANCE USED, SHOW | | |
|----------------------------------|-------------------------------|----------|---------------|-------------------------|----------------------------|--|
| ITEM NUMBERS | TAKEN TO | BY | TIME NOTIFIED | TIME ARRIVED AT SCENE | NO. ATTENDANTS INC. DRIVER | |
| 11 | SPOHN MEMORIAL MEDICAL CENTER | CCFD EMS | 6:23 AM | 6:32 AM | 2 | |

| ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH |
|-------------|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|
| 11 | 12/11/04 | 2:57 AM | | | | | | |

| | |
|---|--|
| INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY) | <div style="text-align: center;">  DIAGRAM </div> <div style="display: flex; justify-content: space-around;"> ONE WAY <input type="checkbox"/> TWO WAY <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> </div> <div style="text-align: center;">INDICATE NORTH</div> <div style="text-align: center; font-size: 24px; margin-top: 20px;">See Attached Diagram</div> |
|---|--|

| FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION | | TRAFFIC CONTROL | |
|--|--|---|---|
| FACTORS/CONDITIONS CONTRIBUTING | OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED | 0 - NO CONTROL OR INOPERATIVE | 0 |
| UNIT 1 - - - UNIT 2 - - - | UNIT 1 - - - UNIT 2 - - - | 1 - OFFICER OR FLAGMAN 2 - STOP AND GO SIGNAL 3 - STOP SIGN 4 - FLASHING RED LIGHT | 5 - TURN MARKS 6 - WARNING SIGN 7 - RR GATES OR SIGNALS 8 - YIELD SIGN 9 - CENTER STRIPE OR DIVIDER 10 - NO PASSING ZONE 11 - OTHER CONTROL |

| | | | |
|---|--|---|---|
| 1. ANIMAL ON ROAD - DOMESTIC 2. ANIMAL ON ROAD - WILD 3. BACKED WITHOUT SAFETY 4. CHANGED LANE WHEN UNSAFE 5. DEFECTIVE OR NO HEADLAMP 6. DEFECTIVE OR NO STOP LAMPS 7. DEFECTIVE OR NO TAIL LAMPS 8. DEFECTIVE OR NO TURN SIGNAL LAMPS 9. DEFECTIVE OR NO TRAILER BRAKES 10. DEFECTIVE OR NO VEHICLE BRAKES 11. DEFECTIVE STEERING MECHANISM 12. DEFECTIVE OR SLOTTED TIRES 13. DEFECTIVE TRAILER HITCH 14. DISABLED IN LANE OF TRAFFIC 15. DISREGARD STOP AND GO SIGNAL 16. DISREGARD STOP SIGN OR LIGHT 17. DISREGARD TURN MARKS AT INTERSECTION 18. DISREGARD WARNING SIGN AT CONSTRUCTION 19. DISTRACTION IN VEHICLE | 20. DRIVER INATTENTION 21. DROVE WITHOUT HEADLIGHTS 22. FAILED TO CONTROL SPEED 23. FAILED TO DRIVE IN SINGLE LANE 24. FAILED TO GIVE HALF OF ROADWAY 25. FAILED TO HEED WARNING SIGN 26. FAILED TO PASS TO LEFT SAFELY 27. FAILED TO PASS TO RIGHT SAFELY 28. FAILED TO GIVE SIGNAL OR GAVE WRONG SIGNAL 29. FAILED TO STOP AT PLACE 30. FAILED TO STOP FOR SCHOOL BUS 31. FAILED TO STOP FOR TRAM 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE 33. FAILED TO YIELD ROW - OPEN INTERSECTION 34. FAILED TO YIELD ROW - PRIVATE DRIVE 35. FAILED TO YIELD ROW - STOP SIGN 36. FAILED TO YIELD ROW - TO PEDESTRIAN 37. FAILED TO YIELD ROW - TURNING LEFT 38. FAILED TO YIELD ROW - TURN ON RED | 39. FAILED TO YIELD ROW - YIELD SIGN 40. FATIGUED OR ASLEEP 41. FAULTY EVASIVE ACTION 42. FIRE IN VEHICLE 43. FLEEING OR EVADING POLICE 44. FOLLOWED TOO CLOSELY 45. HAD BEEN DRINKING 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE) 47. I.L. (EXPLAIN IN NARRATIVE) 48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE) 49. IMPROPER START FROM PARKED POSITION 50. LOAD NOT SECURED 51. OPENED DOOR INTO TRAFFIC 52. OVERSIZED LOAD OR VEHICLE 53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54. PARKED AND FAILED TO SET BRAKES 55. PARKED IN TRAFFIC LANE 56. PARKED WITHOUT LIGHTS 57. PASSED IN NO PASSING ZONE | 58. PASSED ON RIGHT SHOULDER 59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE 60. SPEEDING - UNSAFE (UNDER LIMIT) 61. SPEEDING - OVER LIMIT 62. TAKING MEDICATION (EXPLAIN IN NARRATIVE) 63. TURNED IMPROPERLY - CUT CORNER ON LEFT 64. TURNED IMPROPERLY - WIDE RIGHT 65. TURNED IMPROPERLY - WRONG LANE 66. TURNED WHEN UNSAFE 67. UNDER INFLUENCE - ALCOHOL 68. UNDER INFLUENCE - DRUG 69. WRONG SIDE - APPROACHING OR IN INTERSECTION 70. WRONG SIDE - NOT PASSING 71. WRONG SIDE - ONE WAY ROAD 72. DRIVER INATTENTION - (CELL/MOBILE PHONE USE) 73. ROAD RAGE 74. OTHER FACTOR (WRITE ON LINE BELOW) |
|---|--|---|---|

Corpus Christi Police**DEC 27 2004**

Case Number

04-077183

Drawn By

M. Pena #535

Date Drawn

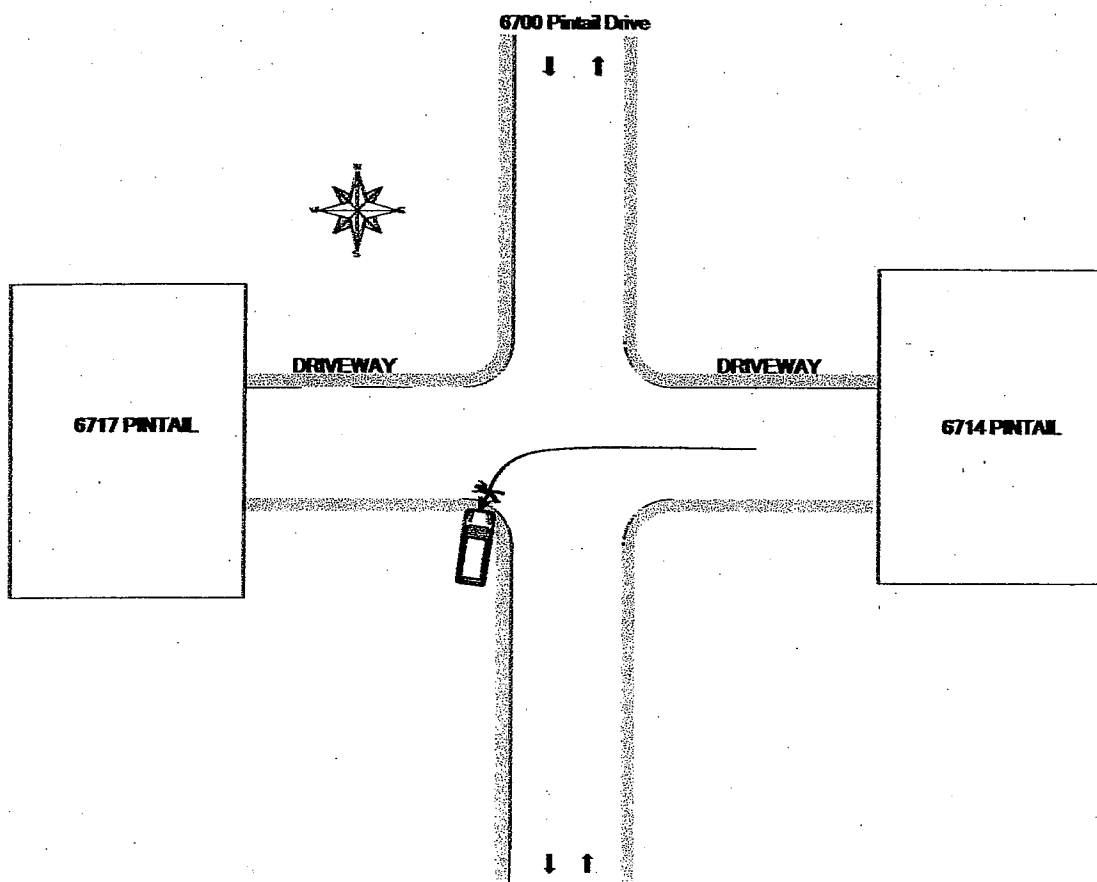
12/10/2004

Incident Date: 12/10/2004

Location: 6700 Pintail

Scale

Not to scale

**COPY**